RECEIVED CENTRAL FAX CENTER

AUG 1 8 2405

PTC/SR/97 (08-00)
Approved for use through 10/31/2002, OMB 0551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number: 10/737,299

Filing Date: 12/16/2003

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

08/18/2005

Date

Laurie Morgan

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

- 1. Fee Transmittal
- Response to Office Action Dated 07/15/2005

Total pages including cover sheet: 17

BE1-039US (571) 273-8300

> Please notify us immediately (509-324-9256) if there is a problem with the quality of this fax.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/\$B/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE p. a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL FOR FY 2005 First Named Inventor	THE STATE OF THE S							Complete	Complete If Known					
FEE TRANSMITTAL For FY 2005 Applicant claims amail entity status. See 37 CFR 1.27 Art Unit 2841 TOTAL AMOUNT OF PAYMENT (\$0.00 Attorney Docket No. BE1 0.039US	FEE TRANSMITTAL					44 707 000								
FIGH Named Inventor Saac D White											 			
Applicant claims small entity status. See 37 CFR 1.27							entor							
Art Unit 2841 TOTAL AMOUNT OF PAYMENT (5) 0.00 Attorney Docket No. BE1 0039US						That Homes inventor					······································			
METHOD OF PAYMENT (check all that apply) Check	Applicant cl	<u> </u>			2841			-						
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC For the above-identified deposit account, the Director is hereby suthorized to: (check all that apply) Charge fee(s) indicated below Charge are additional fee(s) or underpayments of fee(s) Credit any overpayments of the filing fee Under 37 CFR 1.16 and 1.17 WARNINGTON 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SARAIL FIES	TOTAL AMOUNT OF PAYMENT (S) 0.00													
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 12-0769 Deposit Account Name: Lee & Hayes, PLLC														
Deposit Account Deposit Account Number 12-0769 Deposit Account Name: Lee & Hayes, PLLC	METHOD OF	METHOD OF PAYMENT (check all that apply)												
Deposit Account Deposit Account Number 12-0769 Deposit Account Name: Lee & Hayes, PLLC	Check Credit Card Money Order None Other (please identify):													
For the above-kentified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) Cha														
Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information aboutd not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALGULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(\$) Fee(\$	Deposit Account Deposit Deposi													
Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information aboutd not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALGULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(\$) Fee(\$														
WARNING: Information and interformation between public. Credit card information should not be included on this form. Provide credit card information and surhorization on PTO-2038. FEE CALCULATION														
Information and authorization on PTO-2038. FEE CALGULATION	under 37 CFR 1.16 and 1.17													
Telling FEES SEARCH FEES SMAILENTRY Small Entity Small E														
Filing Fee S Fee Fee	FEE CALCULATION													
Application Type														
Application Type		FIL					EXAN							
Design 200 100 100 50 130 65	Application 1	Type <u>Fee</u>			ie (\$) *		Fee			Fees Pa	ild (\$)			
Plant 200 100 300 150 160 80	Utility	30	15	0 50	00	250	200	10	. 0					
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims - 20 or HP = x 50 Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheete Extra Sheete Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) AOTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Registration No. (Attomby/Agent) A0480 Telephone (509) 324-9256	Design	200) 10	0 10	00	50	130) (i5 -					
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	20) 10	0 30	00	150	160) 8	. 0	*				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid	Reissuc	300) 15	0 50	00	250	600	30	0 -					
Fee Description Fee (\$) Fee (\$	Provisional	200) 10	0	0	0	()	0 _					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 360 180 Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = Nighest number of total delime paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) HP = Nighest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) Telephone (509) 324-9256 Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	A STATE OF THE STA													
Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims		r 20 or for Reis	sues, eacl	claim over 20	and or	ore than in th	e origi	inal naten	ıt					
Multiple dependent claims Total Claims Extra Claims Social Claims Fee (\$) Fee Paid (\$) He = highest number of total deims paid for, if greater than 20 Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Fee Paid														
- 20 or HP =	Multiple depend	dent claims			•						180			
HP = highest number of total claims paid for, if greater than 20 Indep. Claims			<u>Staims</u>		ee Pa	<u>ld (\$)</u>								
-3 or HP = x 200 = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets			aid for, if gre		•	·	<u>re</u>	0 (3)	Fee Paid	<u>3)</u>	•			
APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	•				ee Pai	<u>d (\$)</u>				_				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets														
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets														
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Foe Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Submitted by Signature Registration No. (Attorney/Agent) 40480 Telephone (509) 324-9256	If the specific	ation and drawi	ngs excee	d 100 sheets of	paper	the application	on size	e fee due	is \$250 (\$12	5 for sm	all entity)			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Attorney/Agent) (70und up to a whole number) x = Fees Paid (\$) Registration No. (Analyzed) (Authorney/Agent) Telephone (509) 324-9256	Total Sheet	aditional 50 she extra	cts or Irai	tion thereot. S Number of	each e	U.S.C. 41(a)(l)(Ci) : fracti r	and 37 C	FR 1.16(s).	Ess	Deid (S)			
Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Attorney/Agent) Registration No. (509) 324-9256														
Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Signature Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	4. OTHER FEE(S)										s Pald (\$)			
SUBMITTED BY Signature Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	Non-Englis	h Specification,	\$130 f	e (no small ènt	ity dis	scount)								
Registration No. (Attorney/Agent) Telephone (509) 324-9256	Other:				·····									
Registration No. (Attorney/Agent) Telephone (509) 324-9256	SUBMITTED BY	11/1-	-/-											
	Signature	11/1/19	1 /				40480		Telephone /5	(19) 324.	9256			
		Rocco L. Ador	nato		I (Att	omey/Agent)								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 272 Comments of Comments of Comments (P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.